PRINTED NAME OF SIGNER

CITY OF LANSING INCOME TAX OFFICE QUARTERLY DEPOSIT VOUCHER FOR WITHHELD INCOME TAX

L941

		941			
1. IDENTICIATION NUMBER	2. DEPOSIT PER	RIOD	3. DUE ON OR BEFORE	4. TAX WITHHHELD	
EMPLOYER'S NAME, ADDRESS & ZIP CODE		MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD EXCEEDS \$100 PER QUARTER			
				PORTANT	
			5. IF DEPOSIT IS FOR A PERIOL BOX 2, ENTER THE CORREC		
SIGNATURE	TITLE DATE		MAKE REMITTANCE P	AYABLE TO: LANSING CITY TREASURER	

EMAIL ADDRESS

CONTACT NUMBER